

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection HC 2 South, 280 State Drive Waterbury VT 05671-2060 http://www.dail.vermont.gov

Survey and Certification Voice/TTY (802) 241-0480

To Report Adult Abuse: (800) 564-1612

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

February 2, 2017

Cathy Conley, Manager Historic Homes Of Runnemede-Evarts House 40 Maxwell Perkins Lane Windsor, VT 05089

Dear Ms. Conley:

The Division of Licensing and Protection completed a complaint investigation at your facility on **January 31, 2017**. The purpose of the investigation was to determine if your facility was in compliance with Residential Care Home Licensing Regulations. There were no regulatory violations as a result of this investigation.

If you have any questions regarding this report, please feel free to contact this office at (802) 241-0480.

Sincerely,

Pamela Cota, RN Licensing Chief

anleMCHaRN



Division	of Licensing and Pre	otection			FURIV	MAPPROVED	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING			(X3) DATE SURVEY COMPLETED C 01/31/2017	
		0374					
NAME OF PROVIDER OR SUPPLIER STREET			DDRESS, CITY, STATE, ZIP CODE		01/	1 01/31/2017	
HISTORIC HOMES OF RUNNEMEDE-EVARTS I 40 MAXWELL PERKINS LANE WINDSOR, VT 05089							
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPE DEFICIENCY)	ULD BE	JLD BE COMPLETE	
R100	Initial Comments:		R100		· · · · · · · · · · · · · · · · · · ·		
	reported event was	on-site investigation of a self conducted by the Division of ection on 1/31/2017. There entified at this time.					
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Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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